



# Therapy News

Dr. Vodder School  
- North America

Volume IV  
February 2001

## Editorial

I hope that this year has been a good one so far for all of the Dr. Vodder School therapists. At the end of last year I had the good fortune to spend some time at an innovative assessment clinic based at a university hospital in Adelaide, Australia. This Newsletter will feature the clinic in the hopes of inspiring therapists to get involved with similar projects. As always we welcome our new graduates and invite you to look at our new website to locate them. Have a great year and I look forward to seeing you again at one of the Reviews.

Robert Harris, Director



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## Lymphedema Assessment Clinic

One of the greatest challenges we face as therapists when treating lymphedema patients, is the ability to discern exactly what type of edema the patient is presenting with. There are a number of problems that can be encountered including:

- ◆ A complex array of symptoms.
- ◆ A vague medical prescription.
- ◆ A lack of proper diagnosis.
- ◆ A mixture of edema types in the same patient.
- ◆ Prior treatment that may have exacerbated the condition or created more problems.

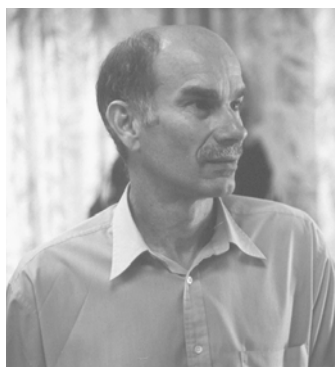
Compounding all of this is the lack of sufficient assessment and diagnostic tools.

This article will feature a pioneering lymphedema assessment clinic that utilizes a multidisciplinary approach using a number of assessment tools. An appropriate individualized treatment plan is then implemented, based on the results of the assessment and the patient's needs.

The clinic itself is located at the Flinders Surgical Oncology Clinic, Flinders Medical Centre in Adelaide, South Australia and is led by Professor Dr. Neil Piller. It is affiliated with research facilities in the departments of Anatomy / Physiology

and Biomedical Engineering at Flinders University to facilitate ongoing patient studies and research into lymphedema. This is a keen and dynamic group of researchers and therapists that is an inspiration to those interested in research.

Patients are often referred to the clinic by therapists. A patient may contact the lymphedema therapist directly for treatment and then be referred on to the clinic for assessment. When a patient is



Professor Dr. Neil Piller

assessed, they first receive a thorough medical evaluation to check their general health, any inflammatory processes, allied health conditions and family history of swelling or problems which may lead to them. There are a number of medical specialists associated with the clinic that can be called upon, such as dermatologists, oncologists and vascular specialists as well as experts in psychology and nutrition. Any underlying conditions can be treated before further lymphedema treatment is initiated.

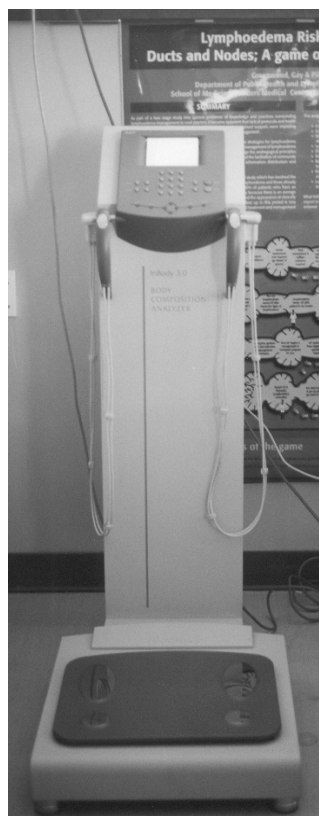
A number of assessment methods are used at the Flinders Clinic. The clinic employs a research physiotherapist, a research occupational therapist and specialist research nurses to assist in the

*"A pioneering lymphedema assessment clinic that utilizes a multidisciplinary approach."*



## Lymphedema Assessment Clinic (cont.)

*"This full-body (bioimpedence) method could revolutionize the way lymphedema is measured and evaluated."*



InBody Bioimpedence machine.

evaluation of patients. The main tools used are:

- 1) **Visual examination:** Looking for any asymmetries.
- 2) **Palpation:** noting skin texture, location of induration and fibrosis in the edema, skin folds, etc. Skin-fold calipers (as taught by Dr. Kasseroller) can give a lot of information, estimating fiber and fat of the epifascial compartment.
- 3) **Tissue tonometry:** This enables an objectification of what has occurred in the lymph territories. The tool is either an electronic or mechanical device that measures the degree of indentation in the tissue when a plunger is applied to the skin with a specific force. The more fibrosis that is present in the tissue, the less the plunger will depress into the tissues and the lower the reading given. The less fibrosis and "softer" the tissues are, the more they can be indented and thus the higher the reading given. This tool can give a measurable relative indication of which territories are developing or have fibrosis and thus guide the therapist in their treatment focus.
- 4) **Bioimpedence:** There are various types of bioimpedence apparatus used at Flinders. The basis of bioimpedence is that a small electric current is passed through the tissues and the degree of resistance shown by the tissue gives an indication of its content. By using various frequencies of current, the machine is able to detect different components of the body, such as bone mass, fat mass, fluid levels, etc. At Flinders, the group is currently testing an InBody 3.0 precision body composition analyzer manufactured by Biospace ([www.biospace.co.kr](http://www.biospace.co.kr)). The patient stands on the machine with bare feet so that a small, imperceptible electric current passes through the body and into the hand held electrodes. The patient's height and weight are entered into the machine and within a few minutes a printout is given show-

ing body mass index, intra and extra cellular fluid, edema level and location, muscle, bone and fat mass and more. If this machine gains acceptance, this quick and easy method of determining edema fluid in various compartments in the body could revolutionize the way edema is measured and evaluated.

- 5) **Perometer:** This machine is becoming the gold standard of measuring lymphedema in the arms or legs. It is based on the truncated cone model of circumferential measurement that we are all familiar with. It works by reflecting infra red light beams off the limb at very small intervals (3.5mm). The patient usually lies in a supine position and the square frame of the perometer is passed over the limb in a matter of seconds. The data is fed into a computer, which then automatically calculates the volume and represents it graphically. This again is achieved in a matter of minutes and is very accurate. It can be used to compare volumes of non affected and affected limbs or segments of the limb. All the information is stored so that ongoing studies on the patient are easily made. It can also be used in a dynamic way. Prof. Piller demonstrated how a limb responded to effleurage-type stroking of a limb while the limb was being evaluated by the perometer. Further information on the Perometer can be found at the Juzo website: [www.juzousa.com](http://www.juzousa.com).
- 6) **Lymphoscintigraphy:** If required, lymphoscintigraphic function tests can be performed. It is used in cases where the results of treatment are not up to expected levels and in unusually complex situations where the full history leading to the presented clinical picture, is not clear. A radioactive labelled colloidal protein is injected subcutaneously and the patient performs some exercises. The lymph pathways can then be observed using a sensitive film.



## Lymphedema Assessment Clinic (cont.)

- 7) **Laser-Doppler Flowmetry:** If a vessel incompetence is suspected as having an underlying influence on the edema, this apparatus can measure speed of flow in vessels through the affected areas.

In a small study of four patients with various types of edema (lipedema, primary leg edema, secondary leg edema and a post-mastectomy arm edema), we were able to observe immediately the effects of these evaluations on patients. Sue Fraser, a certified MLD therapist from Adelaide and Robert Harris, performed standardized 45-minute treatments on the patients. Prof. Piller performed evaluation on the patients before and after MLD using mostly the tonometry, perometer and bioimpedence. We are currently evaluating the results and hope to be able to present the findings at a later date.

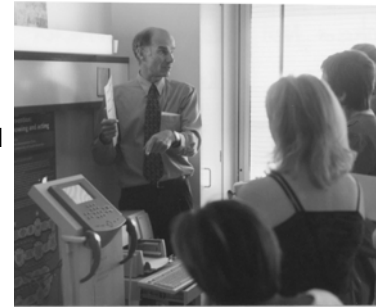
With a grant from the Lions Club, Professor Piller has initiated a free lymphedema screening assessment clinic that will travel to different locations in the State. Using the assessment tools, the goal is to identify patients who have undergone

cancer treatment and are at risk of developing lymphedema. Once identified, the patients can then be educated about treatment options and self-management strategies.

Apart from evaluating these parameters of assessment, the group at Flinders is also evaluating low-level laser devices, including a simple hand-held device for treatment of lymphedema. The Biomedical engineering department has produced an electronic tonometer that is also being evaluated, as are undergarment pressure monitoring devices and mechanical massage and vibrational devices that may be useful in lymphedema treatment.

Professor Piller is involved with setting a national standard for limb measurement in Australia with the goal of allowing easier movement of patients amongst practitioners and to compare effectiveness in treatment, as well as the patients own or partners management of the edema.

Given the growing demand worldwide for proper diagnosis and assessment of lymphedema, the Flinders group are to be commended for the innovative and thorough approach being taken.



**Prof. Neil Piller**  
demonstrating the  
bioimpedence machine to  
the Therapy II & III Adelaide  
students

## Rosacea Linked to Swelling

A recent study published in the Journal of the American Academy of Dermatology has confirmed that rhinophyma, the excess growth of tissue on the nose that represents the most advanced stage of rosacea, is the result of chronic lymphedema. The study documented microscopic changes, indicating that chronic edema led to excess tissue. Inadequate lymph drainage may be due to a mechanical obstruction, such as wearing heavy glasses. Sun exposure, increased blood flow and emotional stress may all contribute to excess accumulation of fluid and resultant edema.

Sunlight and particularly ultra violet irradiation also has a potent effect on Vascular Endothelial Growth Factor (VEGF),

according to an ongoing study at the University of Boston by Dr. Marila Kosmadaki. VEGF encourages growth and proliferation of blood and lymph vessels and rhinophyma is characterised by excessive, dilated vessels and tissue growth. This gives the characteristic red-dened swollen nose of some patients suffering from rosacea.

The implication from this is that if we can enhance the lymph drainage in the tissues, we may be able to help drainage and perhaps slow this process down. While there are no studies supporting this hypothesis, this study helps to show how MLD might affect this dermatological indication. Please see the Articles and Books section for a reference.







## Reviews in Adelaide, 2000 and Dallas, 2001



Recertification class in Adelaide, Australia. 2000



Sarmita Misra presents a case study at the Dallas Review

*Guest speakers included Dr. Renato Kasseroller, Prof. Neil Piller and Dr. Judith Casley-Smith.*

### Adelaide Review

The first official advanced course for therapists was held in Adelaide in November 2000 at the Massage Study Centre. Sixteen Australian, three US and one Canadian therapist attended with a similar format to the North American Reviews. I was particularly thrilled to have so many case presentations from therapists including: Mollie Wing (about a recovering heroin addict), Janet Thorne (leg lymphedema patient with vaginal and labial edema), Arnay Rum'Ens (ano-rectal cancer and complications), Maree O'Connor (complicated leg lymphedema patient with venous insufficiency), Di Franklin (bilateral lower leg lymphedema patient with severe complications), Avril Lunken (post melanoma patient) and Nerida Allen (complicated leg lymphedema patient). Maree O'Connor also gave a talk as president of the Australasian Association to update the group on developments in Australia. Medi Strumpf sent a representative, Sue Reis from Sydney to give an update on their products. On the final Sunday morning, Dr. Kasseroller gave an update of current research and Professor Neil Piller gave an update on his activities at Flinders University (see opening article). This was followed by an exercise workshop with Dr. Judith Casley-Smith who has developed specific breathing and other exercises for lymphedema patients. For more information please visit the Lymphoedema Association of Australia website at [www.lymphoedema.org.au](http://www.lymphoedema.org.au). The Review finished with a group discussion about how to support and facilitate lymphedema

support groups and some of the dilemmas that such groups encounter. This was chaired by Maureen Bartel who is president of the Lymphedema support group of South Australia.

### Dallas Review

The first Review of the year was held in Dallas, Texas at the beginning of February. This followed the NAVALT conference, held at the same location. Forty therapists attended and excellent case presentations were made by the following therapists: Kevin Green on RSD (CRPS) as well as lymphedema following cervical and breast cancer and one following inguinal involvement; Kevin Kunkel presented a venous insufficiency case, incorporating myofascial release and joint mobilization techniques; Marleen Herro presented on a secondary arm lymphedema patient with good compliance; Sarmita Misra and Victoria Bauer presented various lymphedema and wound care patients treated at their hospital in Dallas. As well as excellent skill and bandaging updating from Hildgard, Andreas Wittlinger and Robert Harris, Andreas gave a demonstration on Marnitz Therapy (a type of Trigger Point therapy), which therapists then practiced for use with UE lymphedema patients. Ruth Coopee gave an interesting introduction to Kinesiotaping and Rebecca Green from Juzo demonstrated and discussed the use of the Perometer for measuring lymphedema volume. Dr. Kasseroller also gave his informative update on the world of lymphology.



Dr. Judith Casley-Smith demonstrating her exercises for lymphedema patients at the Adelaide Review.



## Graduates of the Dr. Vodder School 2000 / 2001



Victoria, B.C.



Adelaide, South Australia

### Therapy II & III Classes: November / December 2000

#### Victoria BC Therapy II & III

Nancy Ang  
Mathew Atzenhofer  
Dorene Binder  
Melanie Brancato  
Lay Poh Chew  
Grace Dedinsky  
Robbi Denman  
Susan Howell  
Michelle Larson  
Heather Malone  
Sheila Marlow  
Shlomit Rind  
Deanne Robinson  
Heidi Roemer  
Kate Thomson  
Lisa Todrick

Singapore  
Victoria, TX  
Pittsville, WI  
Cowichan Bay, BC  
Singapore  
N. Vancouver, BC  
Kenmore, WA  
Lexington, SC  
Truckee, CA  
Jacksonville, FL  
Brandon, MB  
Rockville, MD  
Halifax, NS  
Highland Park, IL  
Vancouver, BC  
Surrey, BC

#### Adelaide, SA, Therapy II & III

Alison Beatty  
Pamela Haysman  
Lindsay Henson  
Myles Higgins  
  
Amanda Hunter  
Mel Sproulle Knox  
  
Michelle Knox  
Adrienne Macrill  
Kay Marsters  
Annie McLeod

Albany, WA  
Lockleys, SA  
Albany, WA  
S. Cranbourne, VIC  
Tauranga, NZ  
Wonga Park, VIC  
Greenacres, SA  
Cockatoo, VIC  
Riverbend, SA  
Fullerton, SA

### Congratulations

*to all our new graduates. If you would like to contact or refer patients to any of these new therapists, please check our website first at [www.vodderschool.com](http://www.vodderschool.com), as most of them will be listed there. If you cannot locate them, please call the office of the School at (250) 598-9862, Monday – Friday between 8.30am and 4.00pm, Pacific Standard Time.*

#### Therapy II & III Class Dallas, TX February 2001

Harris Alexander  
Marco W. Blamphin  
Ruth Bucher  
Susan Cart  
Carol Chandler  
Barbara Chebret  
Farida Churi  
Susan Crouch  
Sylvia DeClue  
Pamela Dryden  
Amy Ewell  
Helena Garcia  
Treva Grisham  
Ellen Hand  
Lori Hosea  
Valerie Hunsel  
Robbie James

Brooklyn, NY  
New Orleans, LA  
Irving, TX  
Bell City, LA  
Sterling, VA  
Houston, TX  
Houston, TX  
Houston, TX  
Houston, TX  
New York, NY  
Dallas, TX  
Miami, FL  
Chico, TX  
Logansport, IN  
Spring, TX  
Raleigh, NC  
Macon, GA

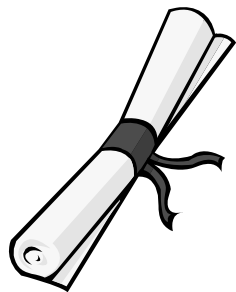
Jenna Dee Jones  
Ann Blair Kennedy  
Cathy Kissinger  
Isabella E. Lefebvre  
Billie Suzanne Lyde  
Sharon McElroy  
Lisa Montero  
Ginger K Nuttall  
Betsey O'Neill  
Mary Patt  
Beatriz Ortega Schriber  
Connie Sexton  
Claire Skotnik  
Katherine G Sommers  
Lee A. Teghtmyer  
John Tuttle  
Julie Yuhas

Houston, TX  
Clinton, SC  
Plano, TX  
Glenside, PA  
Coppell, TX  
Tallahassee, FL  
Austin, TX  
Shreveport, LA  
Virginia Beach, VA  
Fairview, TN  
Houston, TX  
Lubbock, TX  
Sherman, TX  
Monroe, LA  
Rogersville, MO  
Leavenworth, WA  
Colleyville, TX





## More Graduates



### Omissions

Our apologies to Amy Kramer-Hawks for accidentally omitting her name from the graduate list of the August 2000 class list in Victoria. Congratulations Amy!



Therapy II & III in Dallas, TX

## Lipedema and Lymphedema

### Dr. Kasseroller's differential diagnosis

#### LIPDEMA

#### Clinical Symptoms

#### LYMPHEDEMA

PAINFUL  
PARADOX PINCHING  
PAIN LEVEL DECREASED  
STEMMER SIGN NORMALLY NEGATIVE  
NO PITTING  
SKINFOLDS NORMAL  
SOFT SKIN, WEAK TISSUE  
NODULES PALPABLE  
ALWAYS SYMMETRICAL  
SPECIFIC SITES  
HEMATOMA TENDENCY INCREASED  
VISIBLE DILATED VEINS  
NORMAL COLOUR, SOMETIMES BLUISH

VERY SLOW BEGINNING  
NEGATIVE DIET REPORT

PAINLESS STAGE I, II  
NORMAL PINCHING  
PAIN LEVEL NORMAL  
STEMMER SIGN POSITIVE  
PITTING EDEMA  
SKINFOLDS THICKER  
FULL, TIGHT SKIN  
SMOOTH SURFACE  
NEVER SYMMETRICAL  
WHOLE BODY  
HEMATOMA TENDENCY NORMAL  
NORMAL LOOKING SKIN  
NORMAL COLOR, LATER RED  
DISCOLORATION  
MOSTLY ACUTE  
NO DIET REPORT

*"Lipedema is generally painful whereas lymphedema is generally not."*

## New Teachers-in-Training

We are pleased to announce that Catherine DiCecca, RMT of Vancouver, B.C. and Samantha Douglas, RMT of Wasaga

Beach, Ontario have both been accepted into the teacher training program of the Dr. Vodder School.

## New Advanced Kinesiotaping Course

Following the success of the Review kinesiotaping courses, we are pleased to offer an Advanced Training in Kinesiotaping. This 8 hour one day class will be held

Monday August 06, following the Review in Victoria this summer. Please see the enclosed flyer for more details.

**Kinesio  
taping**



## Risks of MLD with Head and Neck Cancer

An interesting article was published three years ago in a German Journal in 1998. This was a retrospective study on 191 patients who had head and neck cancer. In 37 cases a tumor recurrence occurred, 18 of whom had received MLD and 19 who did not. There was no significant difference in the two groups in terms of stage of the cancer and histopathological

findings. The conclusion was that lymphatic drainage therapy for patients presenting with lymphedema after oncology therapy does not increase the rate of local recurrences of cancer.

See the reference in the Articles and Books section.

*"No significant differences found between those patients treated with MLD and those not."*

## Lymphedema-related survey for Breast Cancer

The State University of New York and Stony Brook University Hospital are undertaking a survey of breast cancer patients to determine quality of life issues, including the development of lymphedema. The great thing about this survey is that it is simple to complete and easily accessible to patients over the Internet. It should take about 15 minutes to com-

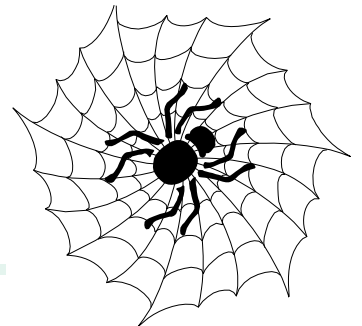
plete and may help to determine future areas of research. The survey can be found at [www.uhmc.sunysb.edu/survey/](http://www.uhmc.sunysb.edu/survey/) and if you or your patients have any questions they can be directed to Jennifer Chamberlain at (631) 444-6913 (email: [janders@radonc.som.sunysb.edu](mailto:janders@radonc.som.sunysb.edu))

*"Survey for lymphedema patients may help determine future research directions."*

## New Website at [www.vodderschool.com](http://www.vodderschool.com)

Nine months later and after numerous corrections we are pleased to announce the birth of our new website on January 5th. You will see lots of changes, including an up-to-the-minute schedule and Therapist listing. It is now much easier

for us to make corrections to your listing so keep us posted of any changes. We greatly appreciate and welcome your feedback on the new website and hope that it will better serve you and your patients.



## In Brief.....

### LANA National Certification

The board of LANA is still working hard at getting the exam ready for the Spring of 2001. The first exam is basically finished and should be available soon at various testing sites in the US and Canada. An outline of the exam is now available on the web site. Please visit the LANA web-site for further updates at [www.snonet.org/lana](http://www.snonet.org/lana).

### Additional Review in Stowe,

Due to overwhelming demand, we have added another Review in Stowe this year. The intention is to accommodate those who wanted to attend the Review in

Stowe but were not able to secure a place. It will follow immediately after the first Review and the program will be as close as possible to the original. The exact dates are June 05—07 2001, with registration on June 04 (7.00—9.00pm) at the Golden Eagle in Stowe. Please call the office for further information.

### MasterCard Accepted

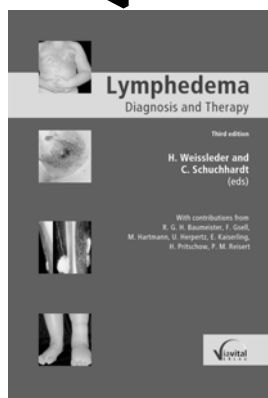
After receiving many requests from our therapists, we have been able to obtain Merchant services for MasterCard. You may now pay for course fees or purchases with a MasterCard as well as Visa.

*New Review*





# New Edition



Greetings from  
Shannon Springer, the  
Dr. Vodder School's  
Administrator



## Articles and Books

Aloi F, Tamasini C, Soro E, Pippione M: The clinicopathologic spectrum of rhinophyma. *Journal of the American Academy of Dermatology*. 2000; 42: 468-472.

Verena K, Preisler R, Hagen F: Nutzen und Risiken der manuellen Lymphdrainage bei Kopf-Hals-Tumoren (Uses and risks of MLD with Head and Neck Tumors). *Laryngo-Rhino-Otol*. 77 (1998) 207-212. Thieme Publ. Stuttgart - New York.

Weissleder H, Schuchhardt C: *Lymphedema Diagnosis & Therapy*. Viavital Verlag, Köln. 2001; 3rd Ed.

The new edition of this excellent text is now available from our School at the same price as the 2nd edition.

Földi M, Idiazabal G: The Role of Operative Management of Varicose Veins in Patients with Lymphedema and/or Lipedema of the Legs. *Lymphology* 33 (2000) 167-171. An interesting article on the importance of not using invasive methods to treat varicose veins in patients with lymphedema or lipedema unless absolutely indicated.

## Conferences and Reviews in 2001 / 2002

### MLD UK:

May 19 2001, Uxbridge, England UK  
Annual conference of the National MLD Association in the UK. Please visit their website at [www.mlduk.org.uk](http://www.mlduk.org.uk) for further details.

### International Society of Lymphology

September 03 – 07, Genoa, Italy.  
XVIII Int. Congress of Lymphology, Via Assarotti 46/1, 16122 Genoa, Italy. Tel: 0839 37 55 or fax 0811 465 or email: [campisi@unige.it](mailto:campisi@unige.it)

### Australasian Lymphology Association:

April 19-22, 2002, Adelaide, Australia. Contact Sapro, PO Box 6129 Halifax Street, Adelaide SA 5000, Australia. Tel: 61 8 8227 0252, Fax: 61 8 8227 0252 or email: [apro@camtech.net.au](mailto:apro@camtech.net.au)

### Reviews in 2001:

June 03 – 05	Stowe, VT
June 05—07	Stowe, VT
July 16 – 20	Walchsee, Austria
August 03 – 05	Victoria, BC

### Reviews in 2002:

January 25 – 27	St. Petersburg, FL
April 16—18	Adelaide, South Australia
May 31 – June 02	Stowe, VT

## Job Opportunity In Huntington Beach, CA

Certified Vodder Therapist needed:  
Please contact Karen Knight (760) 944-4566

### Job Details:

- 3-5 day's per week

- \$40 per hour
- Benefits
- Supplies provided (linens, etc.)
- Must be willing to work with very ill patients.

### Dr. Vodder School - North America™

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